

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043988

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10202

FILED NOV 19 1962

VS 300
Rev. 4/59

1

2 203

3

4 1

5 1

6

7 0

8 1

9

10

11

12 2-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

DOA MEMO HOSPITAL

Inside Limits

Yes

No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes

No

d. STREET ADDRESS

6576 OLEATHA

Reside on Farm

Yes

No

3. NAME OF DECEASED

(Type or print)

VIRGINIA

S.

BOEHMER

4. DATE OF DEATH

Month

Day

Year

OCT 22 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married

Never Married

Widowed

Divorced

8. DATE OF BIRTH

2-3-1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TYPIST

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

EDGAR Nicolai

13b. MOTHER'S MAIDEN NAME

ANNIE Foster

14. NAME OF HUSBAND OR WIFE

Julius Boehmer Jr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Julius Boehmer Jr.

Address

6576 OLEATHA

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Over dose of tranquilizer (Placidyl)

DUE TO (c)

Self ingested in home on or about October 22nd 1962.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Suicide

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes

No

Unknown

19. WAS AUTOPSY PERFORMED?

YES

NO

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

10-22-62

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK

Home

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

St Louis, Mo

COUNTY

STATE

21. I attended the deceased from

Death occurred at

6:20 P

to

and last saw her alive on

him

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

10-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

OCT 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

New Pickers Cem.

23d. LOCATION (City, Town, or county)

ST. LOUIS

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Bates 2906 Harris

25. DATE RECD. BY LOCAL REG.

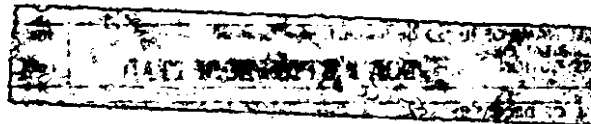
OCT 25 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON



Cyrus Case

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.